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COMBINED DECLAR	ATIONTO	R UTILITY OR	DES. NP	TENT	ATTORNEY'S DOCKET
APPLICATION WITH			1	J *** ** * *	PU3517USW First Names Inventor:
ATTEICATION WITH		7 111 1 0 14 (2)		:	Clarence Webster ANDREWS
() Declaration submitted with initial	filing or				Complete if known: App No.:
()Declaration submitted after initial	filing (surcharge rec	uired 37CFR1.16(e))			
*				·	Filing Date
					Group Art Unit:
As below named	inventor. I hereb	y declare that:			
My residence, post office	address and citize	enship are as stated below	w next to my name.		
I believe I am the original (if plural names are listed entitled:	l, first and sole in below) of the sub	ventor (if only one name eject matter which is clai	is listed below) or a med and for which	an original, fin a patent is sou	rst and joint inventor ight on the invention
BEI	NZOPHENONES	S AS INHIBITORS OF	REVERSE TRAN	SCRIPTASE	E
the specification of which	(check only one	item below):			
[]is attached hereto. OR [x] was filed on 31 Aug	uet 2000 as I Init	ed States application Ser	ial No	or PCT	International
[x] was filed on 31 Aug	ust 2000 as Omi	ed States application Ser	Iai 140.	01101	
Application Number PC applicable)	T/EP00/08487 fi	led and was amended on	(MM/DD/YYYY)		(if .
I hereby state that I have as amended by any amen	reviewed and und dment specifically	erstand the contents of the referred to above.	ne above-identified	specification,	including the claims,
I acknowledge the duty to	disclose informa	tion which is material to	patentability as def	fined in 37 CF	R §1.56.
I hereby claim foreign properties or inventor's certificate of United States of America patent or inventor's certification which priority is claimed	r 365(a) of any PC , listed below and icate or of any PC :	T international applicate have also identified below international applicational applications.	ion which designate ow, by checking the on having a filing d	d at least one box, any fore	country other than the eign application for
PRIOR FOREIGN AND ANY P	RIORITY CLA	MS UNDER 35 U.S.C.	119:		
Prior Foreign Application Number (s)		ountry		Filing Date O(YYYY))	PRIORITY CLAIMED
1 9920872.0		GB		/1999	X
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3.					
4.		-	· · · · · · · · · · · · · · · · · · ·		
5.					
I hereby claim the benefit under T	itle 35, United St			isi nal applic	ation(s) listed below:
Application No.			(MM/DD/YYYY)		<u> </u>
1.		<u> </u>			
2.		· · ·			
3.			_ :		

COMBINED DECLARATION OR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU3517USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
		STATUS (Chec				
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		
				· · · · · · · · · · · · · · · · · · ·		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

23341

Send Correspondence to:

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Karen L. PRUS ' 919-483-2192

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		T		SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	ANDREWS	Clarence	Webster, III
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
_	CITIZENSHIP	Durham	US ·	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
	٠	Five Moore Drive, PO Box 13398		*
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAN	Joseph	Howing
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ť	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	·· OF INVENTOR	FREEMAN	George	Andrew
	INVENTOR'S	Signature		Date:
	SIGNATURE		•	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ROMINES	Karen	Rene
-	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Durham	North Car lina 27709, US
7	NO DILEGO	Five Moore Drive, PO Box 13398	~ m. ;	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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CON	IBINED DE	CLARATIC FOR UTIL	ITY or DESIC To	ATTORNEYS DOCKET NUMBER PU3517USW
PAT	ENT APPLI	ICATION WITH POWER	R OF ATTORNEÝ Č	Continued
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	TIDWELL	Jeffrey	Н
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	US	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
5	ADDRESS	Glax SmithKline	Durham	N rth Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PIANETTI	Pascal-	Maurice, Charles
	INVENTOR'S	Signature		Pate: 98 108 108
	SIGNATURE	X -	*	X 2900 100
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Les Ulis	FR	FR
	POST OFFICE	POST OFFICE ADDRESS	СПҮ	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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COMBINED DECLAR APPLICATION WITH	ATIO FOR UTI POWER OF AT	ILITY OR DESIGN I FORNEY	PU351 First Nan Clare AN	nes Inventor: nce Webster NDREWS
() Declaration submitted with initial	filing or		Comple App No	ete if known:
()Declaration submitted after initial f	iling (surcharge required 370	CFR1.16(e))		
			Filing I	Date
			Group	Art Unit:
As below named	inventor. I hereby declare	e that:		
My residence, post office	address and citizenship are	e as stated below next to my name.		
I believe I am the original (if plural names are listed entitled:	, first and sole inventor (if below) of the subject matt	only one name is listed below) or a ter which is claimed and for which a	n original, first and j a patent is sought on	oint inventor the invention
BEN	ZOPHENONES AS INF	HBITORS OF REVERSE TRAN	SCRIPTASE	
the specification of which	(check only one item belo	ow):		
[]is attached hereto. OR [x] was filed on 31 Aug	ust 2000 as United States	application Serial No.	or PCT Internat	ional
Application Number PC applicable)	<u>r/EP00/08487</u> filed and v	was amended on (MM/DD/YYYY)		_(if
I hereby state that I have as amended by any amen	reviewed and understand t dment specifically referred	he contents of the above-identified I to above.	specification, includi	ng the claims,
		ch is material to patentability as def		
or inventor's certificate or United States of America patent or inventor's certif which priority is claimed	r 365(a) of any PCT intern , listed below and have als icate or of any PCT intern :	S.C. §119 (a)-(d) or §365(b) of any ational application which designate to identified below, by checking the ational application having a filing d	box, any foreign app	clication for
PRIOR FOREIGN AND ANY P		DER 35 U.S.C. 119:	Filing Date	PRIORITY
Prior Foreign Application Number (s)	Country	(MM/DE)/YYYY))	CLAIMED
1 9920872.0	GB	09/04	1/1999	X
2.				
3.	· · · · · · · · · · · · · · · · · · ·		`	
4.				
5.	241- 26 11-14-1 State C-1	c §119(e) of any United States prov	visional application(s)	listed below:
	itte 35, United States Cod	Filing Date (MM/DD/YYYY)	istorial application(a	
Application No.		i ming Date (MINI/DDI 1 1 1 1)		
2.				
3.				

COMBINED DECLARATION FOR UTILITY or DESIGN SE PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU3517USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PC1 international filing date of this apprication.					
PRIOR	U.S. PARENT A	APPLICATION or PCT PARENT A			
				STATUS (Check one)	
U.S. 1	Parent Application or	PCT Parent Parent Filing D		PENDING ABANDONED	
	Number	(MM/DD/YYY	<u>'Y)</u>		
				<u> </u>	
POWER	OF ATTORNEY: A	s a named inventor, I hereby appoint the follow	ring attorney(s) and/or agent(s) to prose	ecute this application and transact all business in	
the U.S. P	atent and I rademark	Office connected therewith. (List name and reg	nstration number)		
		1144114 11444 11444 11444 11444 11444	111111111		
1000					
Send Co	rrespondence to:	2334	/) /	Direct Telephone Calls to:	
		PATENT TRADEMAR	COFFICE	Karen L. PRUS	
			:	919-483-2192	
	I hereby declare	that all statements made herein of my	own knowledge are true and the	at all statements made on information	
	and helief ore he	lieved to be true; and further that these	statements were made with the	knowledge that willful false	
	ctatements and th	neved to be title, and further that these ne like so made are punishable by fine	or imprisonment or both unde	r 18 U.S.C. 1001, and that such	
	willful falce state	ements may jeopardize the validity of t	the application or any natent iss	ning thereon.	
	whilm raise state	enienis may jeopardize the validity of	me application of any patent as		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	ANDREWS	Clarence	Webster, III	
(INVENTOR'S	Signature	1.	Date: 3/1/07_	
[SIGNATURE .	Carine Websta	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
0	RESIDENCE & CITIZENSHIP	Durham	US	US	
1	POST OFFICE	POST OFFICE ADDRESS	СПҮ	STATE & ZIP CODE/COUNTRY	
1	ADDRESS	GlaxoSmithKline	Durham	North Carolina, 27709, US	
	· /	Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	CHAN Signature	Joseph	Howing	
	INVENTOR'S	- Steasture Joseph Chan		3/1/2002	
0	SIGNATURE RESIDENCE &	CIDY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
Ů	CITIZENSHIP	Durham	US	US	
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY	
2	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US	
	16 /	Five Moore Drive, PO Box 13398-		SECOND GIVEN NAME INITIAL	
	FULL NAME () OF INVENTOR	FREEMAN	FIRST GIVEN NAME George	Andrew	
2	INVENTOR'S		George	Date:	
	SIGNATURE			31102	
0	RESIDENCE &	Com A: Incom	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Durham	US	STATE & ZIP CODE/COUNTRY	
	POST OFFICE	POST OFFICE ADDRESS	CITY Durham	North Carolina 27709, US	
3	- ADDRESS	GlaxoSmithKline	Durham		
		Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	FULL NAME OF INVENTOR	ROMINES	Karen_	Rene	
2	INVENTOR'S	-Signisare // //		Date:	
	SIGNATURE SAME TIME			1 March 2002	
0	RESIDENCE &	Cytry	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
· -	CITIZENSHIP	Durham	US	STATE & ZIP CODE/COUNTRY	
, .	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY Durham	North Carolina 27709, US	
4	ADDRESS	Five Moore Drive, PO Box 13398		1 11 6	
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PAT	ENT APPLI	CATION WITH POWER	COF ATTORNEY 6	o-inued .
21/2	FULL NAME	FAMILY NAME TIDWELL	Jeffrey	H.
9	INVENTOR'S SIGNATURE	John # Tralues		Date: 02/20/2002 COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY US	US STATE & ZIP CODE/COUNTRY
5	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline	Durham	North Carolina 27709, US
_	7	Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
2/2	FULL NAME OF INVENTOR	FAMILY NAME PIANETTI	FIRST GIVEN NAME Pascal	Maurice, Charles
70	INVENTOR'S SIGNATURE	Signature		Dátě!
0	RESIDENCE & CITIZENSHIP	CITY Les Ulis	STATE OR FOREIGN COUNTRY FR	FR
6	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline	Durham	North Carolina 27709, US
1	1	Five Moore Drive, PO Box 13398		/// ()

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